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Country note**

Senegal

Summary

The Executive Director presents the country note for Senegal for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Senegal has 9.5 million inhabitants, 58 per cent of whom are under the age of 20 and 52 per cent of whom are women. The human development index places it 155th out of 175 countries. Despite strong growth (on average 5 per cent per annum between 1995 and 2000), 58 per cent of households are still living in poverty. Infant-child mortality has dropped significantly over the past 25 years, but it remains high at 143 per 1,000 live births in 1999 and child mortality increased from 77 to 84 per 1,000 between 1993 and 1999. Immunization coverage for diphtheria, whooping cough and tetanus fell from 61 per cent in 1996 to 52 per cent in 1999, with three regions at under 40 per cent. Chronic child malnutrition (18 per cent in 2000), the heavy workload of women and the virtual non-existence of a system of pre-school education constitute major problems for early childhood. The gross school enrolment rate is 68 per cent, with three regions still at under 50 per cent. The gross school enrolment rate for girls increased from 50 per cent in 1995/96 to 63 per cent in 1999/2000, but there is still a 10 per cent gap between girls and boys. Approximately 600,000 children between the ages of 7 and 12 are not enrolled in

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school. Around 400,000 children are at risk or vulnerable, mainly as victims of the worst forms of work or abuse or affected by a disability, the insecurity in Casamance or HIV/AIDS. Adolescents experience difficulties with social and economic integration and are particularly exposed to sexually transmitted infections, HIV/AIDS and early pregnancy. About three quarters of children do not go on to secondary school, and the opportunities they have for other specialized training are very limited.

2. The maternal mortality rate is 510 per 100,000 live births. Seventy-three per cent of women over the age of 15 are illiterate. Although there are laws against female genital mutilation, women continue to be subjected to rape and domestic violence. Poverty, the erosion of community and family solidarity, and environmental degradation add to the workload borne by women. This programme of cooperation will help to improve the status of women.

3. Political changes are opening up promising prospects for children, since the new authorities have put strong emphasis on the importance of early childhood, education, preventive health, youth, equity, the effectiveness of State interventions, and strengthening the role of communities and civil society. The results of the multiple indicator cluster survey (MICS) will make it possible to refine the analysis of the situation, the strategic choices (target areas and populations) and the formulation of objectives for the new programme.

Lessons learned from past cooperation

4. The targeting of certain priority objectives since the mid-term review has meant that better results have been obtained and a broader partnership secured. However, this attention to objectives should not prejudice the quality of the implementation process, which must be more concerned with sustainability and capacity-building. The humanitarian programme in Casamance has provided useful lessons on priority needs and ways of reaching populations affected by the crisis. The health and education programmes show that the deployment and motivation of personnel are important factors in achieving success and deserve particular attention in future. Making optimal use of the resources allocated for education has enabled the school enrolment rate to be increased from 60 per cent to 68 per cent in three years, underlining the importance of the quality of expenditure. Delays in making budgets available to districts is a constraint which must be removed. The community approach has proved decisive in the eradication of Guinea worm disease (dracunculiasis), scheduled for 2001. Decentralization has provided a favourable framework for achieving children's and women's rights. The local development initiative has shown that equity and universal access are best achieved in defined community geographical areas. Human rights education at the community level has resulted in public statements on the abandonment of female genital mutilation, a strategy to be taken up in the new programme. Inter-agency collaboration has been strengthened, thanks to the United Nations Development Assistance Framework (UNDAF), which has identified poverty alleviation and good governance as priorities. UNICEF is the focal point for the access-to-basic-services component. Partnership with non-governmental organizations (NGOs) has facilitated innovation in the area of the special protection of children. A wide range of collaboration with the private sector has led to promising new approaches for the management and delivery of services.

5. An independent review of the expanded programme on immunization (EPI) coordinated by the World Health Organization, with the BASICS Project of the United States Agency for International Development, the European Union, the *Centers for Disease Control and Prevention* and UNICEF has proposed actions targeting planning and management, the supply of vaccines, logistics and the cold chain, the safety of injections and integrating EPI with the decentralized planning of health services.

Proposed country programme strategy

6. Formulating the strategy was undertaken under the aegis of the Ministry of Planning with the involvement of the central services, decentralized communities, NGOs, civil society, United Nations agencies and bilateral agencies. The programme will contribute to the national vision of a society in which genuine respect for children's and women's rights will be the rule rather than the exception. The strategic framework is the programme to combat poverty, the National Development Plan and UNDAF. The goal is to contribute to national objectives linked to achieving the right of survival, of development, and of protection and participation for children and women. These objectives reflect the medium-term plan priorities and the new global agenda for children, which aims in the long term to provide the youngest children with the best possible start in life, a quality education for all children, and skills development for adolescents.

7. The strategies will be: capacity-building, particularly in relation to communities and families; improving basic social services in heavily populated areas, with a view to increasing access and quality; social communication on human rights; targeting local communities in especially vulnerable areas and areas with broad disparities or in situations of instability, in order better to integrate programmes and help those who are most difficult to reach; preventing situations of vulnerability and preparing for emergency situations; giving special attention to girls and women; broadening the partnership; and systematically taking HIV/AIDS into account. These strategies form part of: (a) continuing efforts to achieve the objectives of the current programme, in which the action of the presidency's follow-up committee will remain decisive; (b) the follow-up to the observations of the Committee on the Rights of the Child; (c) consolidation of the achievements of the sectoral investments and UNDAF programmes. Formulating the country programme will be dependent on the aid coordination mechanisms already in place and will comprise seven parts.

8. The *health and nutrition programme* comes under the national health development plan for 1998-2007, which aims to reduce infant, infant-child and maternal morbidity and mortality. The objectives are to expand immunization coverage to 80 per cent in every region, to help to eradicate poliomyelitis, control measles, eliminate neonatal tetanus, reduce malaria, and improve the reproductive health of women by strengthening obstetric and neonatal care, combating female genital mutilation, sexually transmitted infections and HIV/AIDS and reducing early pregnancies. Emphasis will be placed on revitalizing the health centres, which will reinforce the health posts already set up under the Bamako Initiative, and on promoting integrated care for childhood diseases, especially at the community level. The quality and accessibility of care will be improved. As for nutrition, the programme will contribute to the national objective of reducing the rate of severe

malnutrition by 25 per cent and the rate of moderate malnutrition by 30 per cent and of reducing vitamin A, iodine and iron deficiencies. The integrated nutrition activities package and the community nutrition programme will be strengthened.

9. The *early childhood development programme* will support a national community-based programme aimed at taking care of 35 per cent of children between the ages of three and six by 2006. The programme will also strengthen family knowledge and skills as regards protecting and promoting the development of young children. It will support: the establishment of networks and the promotion of synergy between grass-roots organizations, NGOs, decentralized structures, the private sector and cooperation agencies; and the drawing up of an appropriate curriculum and the development of methods for monitoring/evaluating achievements with regard to children.

10. The *basic-education-for-all programme* comes under the 10-year programme for education and training, the Dakar Declaration of the World Forum on Education, and the vision of children-friendly schools. It will help to increase school enrolment rates for girls from 63 per cent to 78 per cent, reduce the gap between girls and boys and improve quality. At the national level, the programme will support social mobilization, planning and training. Specific actions will be concentrated on about one thousand schools in five regions, which will try out the new curriculum, make general use of the "MLA" (*Monitoring Learning Achieving*) model for assessing the quality and effectiveness of learning, and teach daily life skills, including education for health and prevention of sexually transmitted infections and HIV/AIDS. In these five regions, the programme will contribute to achieving the national objective of reducing illiteracy by 5 per cent per year by targeting girls between the ages of 9 and 18. It will also use other non-conventional approaches, such as recourse to basic community schools and *daaras* (Koranic schools).

11. The *promotion-of-rights-and-protection-of-children-at-risk programme* comes under the national programme to provide support to children at risk. Its aim is to eliminate by 2006 the worst forms of child labour in 10 departments and to improve the legal and social environment and strengthen national capacities in relation to children at risk. The emphasis will be placed on prevention (school enrolment and increasing family incomes), social and psycho-affective rehabilitation, making families and communities accountable, and action-oriented research. At the national level, the programme will support: action to strengthen provisions for special protection, especially law enforcement, in accordance with the Convention on the Rights of the Child; national capacity-building; and social mobilization to combat child abuse and violence.

12. The *programme for the development and participation of adolescents* will help to strengthen their ability to participate in the development of their communities and to become responsible parents and citizens. It will also support: access to specialized training, economic opportunities and leisure activities; respect for human rights, and participation in the management of community structures; and the reduction of risks associated with early pregnancies, sexually transmitted infections and HIV/AIDS. The programme will support the dynamic community movement and will benefit from the World Youth Forum which will take place at Dakar in 2001. It will assist in the implementation of the new national youth policy, making girls a priority target, by taking advantage of the work being carried out with the United Nations Population Fund.

13. The *social planning and policies programme* pursues the following objectives: incorporating children's and women's rights in national and local planning by means of specific objectives and targeted budget allocations; the improvement and use of data relating to implementation of the two Conventions; and the strengthening of national and local capacities in planning, follow-up and evaluation. The programme will help to promote: human rights education aimed at changing behaviour; the harmonization of national legislation with the two Conventions; and the participation of children and women in decisions that concern them. The results of the 20/20 Initiative and other studies will enable the poverty reduction policy to be strengthened within the framework of the debt alleviation initiative.

14. The *integrated programme in Casamance* is aimed at providing relief for the populations affected by the crisis, and creating a favourable climate for peace to return, by improving access to basic social services, protecting people against and making them aware of the existence of mines, and providing special and psychosocial protection. The programme will: expand immunization coverage; combat malaria; prevent sexually transmitted infections and HIV/AIDS; increase consumption of iodized salt; improve hygiene and sanitation; improve the quality of education and the school environment; promote education for peace and conflict resolution techniques; and mobilize for rights in time of conflict.

15. The cross-cutting costs shown below are the support costs for the projects which are necessary for the programme as a whole and which are more easily managed autonomously, such as logistics.

Budget estimate

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	Other resources	Total
Health and nutrition	3 750	9 500	13 250
Early childhood development	1 000	3 000	4 000
Basic education for all	1 500	5 000	6 500
Promotion of the rights and protection of children at risk	1 000	3 000	4 000
Development and participation of adolescents	750	2 500	3 250
Social planning and policies	1 250	750	2 000
Integrated programme in Casamance	600	3 400	4 000
Cross-cutting costs	412	400	812
Total	**10 262**	**27 550**	**37 812**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Togo

Summary

The Executive Director presents the country note for Togo for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Togo covers an area of 56,600 square kilometres, with an estimated population in 2000 of 4,629,000, 60 per cent of which is under 20 years of age. Despite the social and political problems that followed the elections in 1998 and 1999, there have been some positive achievements relating to women and children. The country ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1983, and the process of harmonization with Togolese legislation is under way. The Convention on the Rights of the Child was ratified in 1990 and a start has been made on the implementation of the recommendations of the Committee on the Rights of the Child on the basis of the initial report; in particular, the children's code is in the process of being adopted and the Children's Parliament was set up in August 2000.

2. Owing to the low level of tax revenue, the suspension of part of the multinational assistance since the end of 1992, and the absence of a programme with the Bretton Woods institutions, the economy is characterized by an excessive burden

* E/ICEF/2001/2.

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of public debt amounting to $1.81 billion (22 per cent internal debt and 78 per cent external debt). Debt servicing amounted to $67 million in 1999. This has resulted, inter alia, in a reduction in public and private investment and a deterioration in basic social services. Almost three quarters of the population is living below the poverty level. Togo is one of the countries with a low human development index (0.471) and is ranked 145th out of 174 countries (1998).

3. Malaria is still the main cause of mortality. The rate of HIV/AIDS infection continues to increase dangerously: the rate has risen from less than 1 per cent in 1987 to 5.9 per cent of the general population in 1999. Dracunculiasis and poliomyelitis are in the process of being eradicated. The consumption of iodized salt increased from 1 per cent in 1996 to 71 per cent in 1998, and the campaign against vitamin A deficiency has been integrated into the vaccination campaigns.

4. The infant mortality rate has remained almost unchanged over the decade (81 per 1,000 live births in 1988 and 80 per 1,000 in 1998) and the infant and child mortality rate declined from 158 per 1,000 live births in 1988 to 146 in 1998. Malaria is still the main cause of infant and child mortality (34 per cent in 1998), followed by diarrhoea (31 per cent) and acute respiratory infections (10 per cent). One quarter of the children under three years of age are underweight, and only 31 per cent of children have been fully vaccinated. Fifteen per cent of infants (4 to 6 months) are exclusively breastfed. According to the school statistics for 1998/99, barely 3 per cent of pre-school-age children have access to kindergartens. The majority of parents do not have all the necessary knowledge to ensure the integrated development of their children. The school enrolment rate was 77 per cent in 1999 for primary education (80 per cent for boys and 74 per cent for girls). The repeater rate was 29 per cent at the primary school level in 1997. The school drop-out rate in 1997 was 17 per cent (19 per cent for girls, 16 per cent for boys). These poor standards are primarily due to high direct costs, the poor quality of education and the lack of teaching materials and qualified staff. Child labour has become widespread, but the country has very little information about children in need of special protection measures.

5. The demographic health survey (EDST-98) showed that the maternal mortality rate declined from 640 per 100,000 live births in 1990 to 478 in 1998. The main causes are still haemorrhaging, septicaemia, eclampsia, dystocia and abortion. The indirect causes, aggravated by early pregnancy, are primarily anaemia and malaria. The high number of births not attended by health professionals (49 per cent) continues to pose a health risk for both mother and child. Forty-eight per cent of Togolese women are illiterate, compared to 23 per cent of men. They have little access to education, technical and vocational training and information. The role of women is not valued. Women have no access to the land and little access to credit, and they are responsible for almost all household tasks.

Lessons learned from past cooperation

6. The mid-term review and EDST-98 emphasized the need for joint efforts, for greater intersectoral collaboration, and for an enhanced partnership with non-governmental organizations, communities and other development partners. With a view to putting the above lesson into practice: (a) in the Savanes region, the partnership with the non-governmental organization the Association in Support of

Community Health Activities has made it possible, within the framework of the Bamako Initiative, to strengthen the capacities and efficiency of the management committees, as well as to ensure the continuity of health services and stabilize their costs; (b) UNICEF has assisted in the preparation of regional health development plans, thus contributing to decentralization; (c) the increase in the rate of access to education, through the partnership with the non-governmental organization Aid and Action, has made it necessary to improve the quality of teaching; and (d) special groups for assessment/analysis and decision-making have made it possible for women to participate effectively in the microplanning process. These groups, where men and women participate on an equal basis, help to foster a local development dynamic that transcends socio-cultural barriers.

7. There are still, however, constraints, such as the poor coordination between the central and regional levels and the lack of reliable information for monitoring. The challenge for the new programme is to support institutional reinforcement for local governance, which will make communities more responsible.

Proposed country programme strategy

8. The preparation of the strategy document was coordinated by the Ministry of Planning and Development, in conjunction with the other ministries, United Nations agencies, non-governmental organizations and other development partners. It was guided by the country development programme, which focuses on poverty eradication, the Common Country Assessment (CCA), the main guidelines of the United Nations Development Assistance Framework (UNDAF), the two Conventions and the programme of the World Health Organization (WHO). Within the UNDAF preparatory groups, UNICEF was responsible for education and the rights of the child and, with WHO, for essential social services.

9. The aim is to contribute to the achievement of national objectives relating to the realization of the rights of children and of women, especially those most vulnerable. The objectives are: (a) to support the implementation of provisions relating to the promotion and implementation of the rights of children and women; (b) to contribute to the reduction in infant, infant and child, and maternal mortality rates, and to strengthen the prevention of HIV/AIDS in general and, in particular, among young people and adolescents, as well as mother-child transmission; (c) to enhance basic education by improving school enrolment, attendance and completion rates and by promoting the integrated development of the young child, as well as parental education; and (d) to strengthen the involvement of communities, in particular families, women and children, in decision-making and action.

10. The country programme strategies for 2002-2006, identified on the basis of causal analysis and in accordance with the Government's strategies, are: (a) capacity-building for communities, families and institutions at all levels, in order to enhance appreciation and analysis of the problems and to take specific action to implement the rights of children and women; (b) support for the Government in strengthening the political, legal and institutional framework and the development of activities for women and children in need of special protection measures; (c) the provision of high-quality essential services for children and women, with particular attention to the most disadvantaged; and (d) communication to influence the

behavioural aspect of the problems identified and to create an environment conducive to the well-being of children and women.

11. The new programme, like the preceding one, will be implemented in three regions (Savanes, Kara and Maritime), covering eight prefectures, including the Golfe prefecture, with an estimated population of 2.2 million. It comprises four programmes, two sectoral (health and nutrition, and basic education) and two cross-sectoral (community capacity-building and communication, monitoring and evaluation). The latter would have a national dimension, while the others would be carried out at the regional level. The three regions were chosen because of their low levels of school enrolment, particularly for girls, and their social and health indicators, and the high incidence of poverty in those regions. This programme will also make it possible to consolidate the actions already carried out with a view to ensuring greater impact and continuity. The Golfe prefecture was included because of the increasing number of children in need of special protection measures and the rural exodus of girls, in particular to Lomé.

12. The *health and nutrition programme* will help to reduce infant and infant and child mortality, maternal mortality and moderate and severe malnutrition; and to eliminate vitamin A and iodine deficiencies. It will support Togo's efforts: (a) to sustain the Vaccine Independence Initiative; (b) to implement the national reproduction health policy for women by strengthening emergency obstetrical services, essential neonatal care and primary health care through the Bamako Initiative; and (c) to control HIV/AIDS by targeting pregnant women in areas with high infection rates in order to reduce mother-child transmission.

13. The *basic education programme* will help to strengthen school enrolment in general, and of girls in particular, and to improve the performance of the educational system through capacity-building for teachers; the revision of the curricula; and the setting up of a system to monitor school performance and assess the quality of the teaching and the provision of teaching materials, with particular attention to the regions which are most disadvantaged for the education of girl children. The psychosocial and emotional development of young children and the knowledge and abilities of parents will be enhanced.

14. The aim of the *community capacity-building programme* is: (a) to strengthen the capacities of communities, women and children to enhance participation, planning and decision-making at all levels; (b) to improve the home environment (education, literacy education, microcredit) and increase access to high-quality essential social services (health, nutrition, water/sanitation); and (c) to have the community detect and handle problems relating to child protection (traffic, registration of births, HIV/AIDS).

15. The aim of the *communication, monitoring and evaluation programme* is: to promote an environment and behaviour conducive to respect for and the realization and protection of the rights of children and women; and to encourage participatory and dialogue approaches with adolescents and women in order to ensure better control of priority problems such as HIV/AIDS, early pregnancies and maternal health. The programme will also make it possible to strengthen the system of data collection and analysis for the better implementation of development policy as well as integrated research activities and the implementation of the integrated monitoring and evaluation plan.

16. The 2002-2006 country programme is based on the strengthening of intersectoral collaboration and coordination at the local level. Intersectoral collaboration will be ensured through the community capacity-building programme, which will serve as a basis for sectoral project activities. In the light of the specific context of the country and in order to deal with possible changes in the situation, an emergency preparation plan will also be developed. The "cross-sectoral costs" budget will be used to finance key posts for implementation and to cover the general expenses of the programmes.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	2 980	1 700	4 680
Basic education	1 750	1 300	3 050
Community capacity-building	1 800	800	2 600
Communication, monitoring and evaluation	851	200	1 051
Cross-sectoral costs	750		750
Total	**8 131**	**4 000**	**12 131**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Belize

Summary

The Executive Director presents the country note for Belize for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Belize's location facilitates links with the English-speaking Caribbean and Central American countries, yet makes it vulnerable to hurricanes and floods. Of a population of 243,390, 48.3 per cent are under 18. The high growth rate of 2.7 per cent is partly a result of immigration from neighbouring countries, which has altered the population mix to the point that the former majority Creoles are now second to the Mestizo population. In an interesting reversal of trends, the rural population is growing in proportion to the urban. Recent growth in gross domestic product (GDP) doubled to 6.2 per cent in 1999. However, the Common Country Assessment indicates that sustaining this high growth will be difficult, since it was based on indirectly productive investments in such sectors as road and housing construction. Further, financing has been obtained through loans and sale of national assets, and the loans contribute to a foreign debt that in 1999 amounted to 35.5 per cent of GDP. Per capita income of $2,800 (1999) is unevenly distributed, with high urban/rural and regional disparities. While 33 per cent of the population is poor, among the

* E/ICEF/2001/2.

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Mayan population, the percentage rises to 53 per cent. The economy, which is based on tourism and export agriculture, is economically vulnerable to global market fluctuations.

2. Belize ratified the Convention on the Elimination of All Forms of Discrimination against Women and was an early ratifier of the Convention on the Rights of the Child. In 1998, the Family and Children's Act was enacted, demonstrating national commitment to children's rights and implementation of the Convention on the Rights of the Child. Belize is, however, far from ensuring all rights to all children. In its response to the 1998 national report, the Committee on the Rights of the Child specifically mentions challenges in child protection and juvenile justice.

3. Belize has a mixed record in achievement of World Summit for Children goals. The infant mortality rate (IMR) has been halved, from 42 per 1,000 live births in 1988 to 21.5 in 1998, and the under-five mortality rate (U5MR) fell to 24.5 per 1,000 live births, from 53 in 1988. However, in the southern districts, where many Mayans live, IMR is as high as 47 per 1,000 live births. Belize did not meet the 90 per cent immunization goal, but achieved a still respectable 85 per cent. Child nutrition has not improved, with 15.4 per cent of all children 6 to 9 years of age stunted (39 per cent among the Mayan population).

4. Maternal mortality is 134 per 100,000 live births, down from 190 in 1990. None of the country's hospitals has been certified as "baby-friendly". Iron deficiency is a serious problem, and 51 per cent of pregnant women in the southern regions have anaemia. Safe motherhood is especially worrisome for adolescent mothers, who account for 20 per cent of all pregnancies. Belize has among the highest HIV/AIDS infection rate in Central America.

5. The net primary enrolment rate is 85 per cent, with no gender disparities in enrolment and completion. The relatively low primary enrolment reflects, in part, weak early childhood care: only 23 per cent of children 3 to 5 years of age have access to pre-school. Between 1995 and 1998, primary school absenteeism was above 20 per cent, while in secondary schools it was 44 per cent. Secondary schools enrol only 40 per cent of all children, and drop-out rates are high, especially for boys. The rate of illiteracy has increased from 23 per cent to an estimated 29 per cent, partly due the significant immigration from Spanish-speaking Central America. Difficulty in delivering services to the rural-based immigrants also contributes to some of the primary schooling challenges. The drop-out rate and illiteracy have left a number of young people untrained and ill prepared to enter the workforce. While the adult unemployment rate slightly increased from 7.9 per cent to 9 per cent between 1993 and 1999, the youth unemployment rate increased from 13.8 per cent to 20.3 per cent. Among all age groups, the rate of female unemployment is twice that of males.

6. A high crime rate, especially among adolescents, causes great social concern. Belize relies too heavily on penal institutions and currently ranks sixth in world prison population, and second in the Caribbean. Children can be imprisoned from the age of 10, and many are regularly sentenced to imprisonment because non-prison alternatives are not available. Reported cases of domestic violence and child abuse have grown threefold in the last two years, partly because of increased urbanization and breakdown of traditional family structures, but also due to heightened sensitivity to the issue and the promotion of reporting mechanisms. Concerted effort

on the part of the Government to combat abuse has led to an increased number of children in foster care.

7. Despite advances in child survival, there are a number of areas that call for increased attention in order to ensure the full implementation of the Convention on the Rights of the Child. Priorities include early childhood care and full basic service coverage for excluded populations. Reducing the underlying factors that give rise to high crime rates, domestic abuse, and the inadequate juvenile justice system are alarming. The quality of basic and secondary education also needs to be addressed, particularly as it causes high drop-out rates and contributes to the consequent lack of preparedness for the workforce. Finally, HIV/AIDS, which is rapidly increasing among all age groups, requires a vigorous counter-response, especially among the young.

Lessons learned from past cooperation

8. A review of national laws revealed gaps and problems that led to adoption of the Family and Children's Act. Yet not all laws are in conformity with the Convention on the Rights of the Child and other relevant international conventions. The review process — which has become a model for other Caribbean nations — should be extended. The major lesson learned was the key role played by capacity-building in legal reform and review, which included establishing posts within partner ministries and other organizations that offered services to children.

9. UNICEF, through a process of advocacy and lobbying with the Government, has been successful in securing increased allocations for social sector ministries. Despite these advances, Belize needs to refine its social budget analysis procedures to include tracking the percentage of funds reaching children and the most needy, and to monitor cost effectiveness. Budget analysis needs to be complemented by reliable data collection, which has proven critical in generating momentum for those new initiatives where need can be demonstrated.

10. The country programme has been instrumental in facilitating intersectoral coordination by convening and/or cosponsoring coordination initiatives. This has led to programmes that have proven that horizontal cooperation is a workable model. The success of the Community and Parent Empowerment Project (COMPAR) is a prime example of joint implementation by Government and non-governmental organizations (NGOs). COMPAR illustrates an evolving model where the Government contracts with an NGO to deliver a service under state supervision. As decentralized planning/implementation and public-NGO partnerships will expand, the limited government presence in some parts of the country and administrative weakness of NGOs are problems that need to be addressed. The new country programme must support institutional strengthening of partners at national and district level, while endorsing the public-NGO model.

11. A related problem is a relative shortage of activities specifically targeting adolescents, as well as adolescent participation in programme planning and implementation. As new approaches are sought to resolve such social problems as youth violence, and as the Belize partnership model is expanded, efforts must be made to include adolescents. Belize is in a good position to do this, given the openness of the Government and society towards new approaches.

Proposed country programme strategy

12. The programme of cooperation for 2002-2006 has been developed within the context of UNICEF global priorities and national priorities of the Government, such as its strategic plan to end poverty (2000-2004). It also reflects the views of civil society counterparts and derives from the principles of the two Conventions. Government endorsement has been secured, and state and civil society partners have signalled their willingness to make the programme a centrepiece in the Belize implementation of the New Global Agenda for Children.

13. The vision guiding the country programme is a country where every child from every cultural background enjoys the highest attainable standard of health and nutrition, and reaches full emotional, social and intellectual development, in a safe and caring environment. The strategic role of UNICEF is to help the Government and society expand their vision of rights fulfilment and support programme efforts to identify solutions that the people of Belize can take to scale and sustain for permanent realization of rights.

14. The proposed country programme has two specific objectives: to support the provision of safe and supportive environments for children at two key stages of the life cycle (the early years and adolescence); and to support the provision of opportunities for adolescent participation within their families, schools and communities. The main operational strategies rule out direct support to service delivery, except in pilot programmes for geographic targeting to reach excluded populations. The main strategies will be advocacy for new public policies; social mobilization of civil society groups and organizations; technical assistance in developing strategies in newer areas such as adolescent participation; and institutional strengthening in support of decentralization and public-civil society programme cooperation, and in support of monitoring and evaluation.

15. Because primary education has strong support from other development partners, there is not a specific focus for this age group, but the two major programmes will extend their interventions as needed when it is logical to include such support. A series of crosscutting themes - gender, HIV/AIDS and disparity reduction - will permeate all levels of action. An important element of the new country programme is the reinforcement of a culture of participation to secure ownership and sustainability of interventions.

16. The *enhancing holistic child development programme* will place emphasis on 0-6-year-olds, with a focus on legislation and the development of policies and curricula for day-care centres. Taking into account the important role of families and communities, the programme will include parenting education projects, promotion of male involvement in childcare, and the establishment of community-based and nationwide initiatives to prevent domestic violence. The programme will also focus on helping children in the transition from home or pre-school to organized primary education. It will include support to institutional strengthening and to the collection and analysis of social statistics.

17. A major objective of the *enabling environments for adolescent development programme* is facilitating development of individual capacity in safe and supportive environments. The programme includes support to adolescent participation initiatives, child-friendly schools, "second chance" education projects and reproductive health, related specifically to prevention of teenage pregnancy and

HIV/AIDS. The juvenile justice system will be reoriented, away from incarceration with adults and towards treatment alternatives. Support will be given to training and services to prevent violence, abuse and exploitation; and to methods of coping with violence when it occurs.

18. Under cross-sectoral costs, UNICEF will support crosscutting efforts benefiting both programmes. Building on increasing collaboration through the United Nations Development Assistance Framework and theme-based initiatives, the country office will strengthen existing partnerships, especially with regards to HIV/AIDS and adolescence.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Enhancing holistic child development	1 135	500	1 635
Enabling environments for adolescent development	1 250	750	2 000
Cross-sectoral costs	625	-	625
Total	**3 010**	**1 250**	**4 260**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Brazil

Summary

The Executive Director presents the country note for Brazil for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Brazil is the fifth largest country in the world, its land mass covering nearly half of South America. The population of 167.9 million, 60 million of whom are children under the age of 18, is ethnically diverse.

2. The economy of Brazil is the largest in Latin America and ninth largest in the world. Economic stability, democracy and technological advances in the past decade must now serve as a foundation for bringing about structural changes to reduce poverty. In the name of macroeconomic adjustment, the major share of public spending has gone towards internal and external debt reduction. Despite an annual per capita income of $4,420, socio-economic disparities are great, and 20 million children are among the 54 million people living in poverty. Overall, the poor are marginalized urban and rural populations.

3. In 1988, following 21 years of military rule, a new Constitution gave "absolute priority to children" and provided for greater decentralization and local autonomy,

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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especially to the 5,507 municipalities of the federal system, which includes 26 states and a federal district. Since Brazil approved the Child and Adolescent Statute (ECA) in 1990, inspired by the Convention on the Rights of the Child, a total of 14 of the 27 goals of the World Summit for Children have been achieved. The infant mortality rate (IMR) has fallen by 25 per cent, to 36.1 per 1,000 live births, child vaccination coverage is above 90 per cent, and 95 per cent of children age 7 to 14 were enrolled in school in 1998, representing an increase from the net enrolment rate of 86 per cent in 1991. The number of child workers between the ages of 5 and 14 decreased by 25 per cent between 1992 and 1999, to 2.9 million.

4. Yet widespread disparities exist. Despite policies and services aimed at providing children with a good start in life, 50,000 babies die annually in their first month. One third of the 2.9 million children born each year are not registered, despite public advocacy campaigns; that figure rises above 50 per cent in the north and north-east, the poorest and most marginalized regions of the country. According to 1999 data, less than 9 per cent of children 0 to 3 years of age benefited from early childhood development (ECD) programmes. For those 4 to 6 years of age, 57.9 per cent were enrolled in pre-schools.

5. Almost 2 million children — mostly working children and those with disabilities — are not enrolled in school. The 3.9 per cent drop-out rate and 23.4 per cent repetition rate are being tackled by the Government and non-governmental organizations (NGOs) through curricula reviews, teacher skills-building, nascent community participation in school management, extra-curricular activities, tutoring for special needs students, and expanded coordination among school, family and community.

6. Only 41 per cent of adolescents from 15 to 19 years of age finish 8 years of primary education, and one third finish secondary education. Adolescents are particularly vulnerable to HIV/AIDS, early pregnancy, drug abuse and violence. Experience has demonstrated that the risk of these problems falls when youth identity and autonomy are developed through participation in educational, cultural, athletic and community activities. Growing violence among 15- to 19-year-old men has reduced male life expectancy by three years. Some 30,000 adolescents are detained every year and often placed in facilities with limited opportunities for their psychosocial and physical development.

7. Child labour, sexual abuse, violence, HIV/AIDS and low access to sanitation and clean water cut across the life cycle, affecting children from birth through adolescence. Modest stipends to poor families, in conjunction with extra-curricular activities, teacher training and evolving social attitudes, have contributed to declining child labour and increased school enrolment and completion.

8. Domestic and community violence, as well as sexual abuse and exploitation of children, are increasingly recognized as public issues. Beyond encouragement for reporting of abuses, improved monitoring and campaigns are calling for coordinated action among government, NGOs and civil society.

Lessons learned from past cooperation

9. Based on the 1997 mid-term review, several key lessons were identified for programme formulation, including the need to modify the past sectoral structure. The value of the intersectoral approach was recognized, as witnessed through the selection and implementation of such theme areas as child labour, sexual exploitation and ECD. The review also concluded that the five UNICEF zone offices in the poorest regions of Brazil constitute a comparative advantage. Networking with agencies such as the World Bank, International Labour Organization and United States Agency for International Development has strengthened the impact of both local-level capacity-building and national advocacy and policy development efforts.

10. A very successful project took place in the north-east state of Ceara, where 172 municipalities competed for the UNICEF Seal of Approval. This innovative project demonstrated that within the space of one year, local governments could collaborate to increase primary school enrolment, reduce IMR and create effective Child Rights Councils, without the need for significant new financial resources. This experience also charted an effective strategy for UNICEF to support the rapidly expanding decentralization process, allowing for wide-range coverage of municipalities without requiring time-consuming and costly individual municipal projects. This strategy represents a viable initiative for UNICEF and others to reach and mobilize many more municipalities in Brazil.

11. Both long-term and new partnerships are critical in giving child rights full value. The Ministry of Health and Ministry of Education, municipal health and education managers, journalists and paediatricians have long been partners in Brazil in promoting child survival and development. At the same time, however, UNICEF needs to work with the Ministry of Justice, Ministry of Labour and Ministry of Social Welfare in combating child abuse, reducing child labour and promoting extra-curricular activities for youth. Private sector and non-profit partners are important allies in promoting respect for child rights, and not just as potential donors.

12. The mass media are critical in keeping social issues and child rights on the public agenda, as they have strengthened their quality of coverage and analysis over the past decade, and maintained freedom of the press. Also, 90 per cent of Brazilian households have easy access to radio and television. The rapid growth of computer and Internet access obliges UNICEF to manage the complexity of information sharing through constantly evolving communication technology.

13. UNICEF credibility is built through high visibility of its stance on children's issues, including an annual fund-raising telethon on "REDE GLOBO". For example, the fact that children live in garbage dumps was an acceptable norm until 1999, when public outrage and viable alternatives were articulated in a campaign launched with 40 NGOs and government groups to remove 50,000 children by the year 2002. The public, NGOs and socially responsible private sector groups have urged UNICEF to maintain this public voice.

Proposed country programme strategy

14. The principles of equality, non-discrimination, participation and intersectorality are keys to the new country programme. UNICEF will continue to place and maintain the child at the centre of the national agenda. During the next five-year period, UNICEF will work to assure that the rights of all boys and girls are fully guaranteed. Using the life cycle approach, UNICEF will mobilize the Government, civil society and the private sector, based on the tenets of ECA and the Convention on the Rights of the Child.

15. Country programme strategies will include: social and political mobilization for child rights; capacity-building for decentralization to address disparities; and expansion of service delivery models for the most vulnerable and excluded children. The ability of UNICEF to work at all levels and in all sectors will be maintained by drawing from municipal and community-based experiences in priority regions to formulate policy thrusts. UNICEF will maintain its capacity and cutting edge through research, monitoring and analyses that contribute to refining strategies and strengthening information sharing. Four programmes will support government and civil society commitments to ECA.

16. Through the *early childhood development (ECD) programme*, UNICEF will work with counterparts to ensure that the critical impact of ECD is better appreciated by families, communities, civil society and government at all levels. The main focus will be on encouraging families to protect their children and to help them reach their fullest development and potential. The programme will increase family capacity to participate and strengthen public demand for high-quality early stimulation. Developing clearer guidelines for reasonable resource allocation will be supported. Communication strategies must be put into action to support this process and, more broadly, to guarantee access, with priority to the most vulnerable children.

17. Through the *education for inclusion programme*, UNICEF will support initiatives that guarantee the right of all children 7 to 14 years of age to attend school, to learn in supportive environments and to develop citizenship skills for exercising their rights. As learning is not restricted to the school setting, the programme will provide additional learning and participation opportunities, as well as safe spaces. This will include health, sports, recreation and cultural activities. UNICEF will expand previous work with partners, including federal ministries, state and municipal education secretaries, the media, the private sector and NGOs, to reach marginalized children, including, inter alia, those with disabilities, working children and those living in the most remote regions. Key contributions will include development of methodologies to guarantee the inclusion and rights of the most excluded, which will ultimately benefit all primary-level students.

18. Adolescents from 15 to 18 years of age, no longer young children but not yet adults, must be granted opportunities to become productive citizens. UNICEF will work through the *adolescent citizenship programme* to improve access to quality secondary education, responsive health services and stimulating interactive communication programmes. For adolescents who enter the labour force without finishing school, UNICEF will support the development of viable alternatives, or "second-chance" schooling opportunities. Work with NGOs, foundations, municipal governments and United Nations agencies will be key in developing public policies

that recognize youth as productive citizens. Adolescents in conflict with the law will be given special attention.

19. The *special protection and monitoring programme* will support the development of protection measures for children and adolescents at special risk, in order to eradicate child labour and reduce domestic violence and sexual exploitation. HIV/AIDS prevention and family coping strategies will be undertaken in partnership with families, the United Nations Theme Group on AIDS, national, state and municipal Councils on Children and Adolescents, NGOs, the media and the Government. Public and government awareness of these issues requires concerted mobilization and advocacy.

20. Cross-sectoral costs will support the four programmes; regional initiatives; staff training; technical and support staff, plus consultant salaries and travel; and operational costs not covered by the support budget.

21. Given Brazil's size and social and geographic disparities, UNICEF will work through the United Nations Development Assistance Framework (UNDAF) to ensure that greater investment of resources will be focused on the north and north-east. UNICEF will expand on successful civil society and private sector partnership-building efforts which, in addition to mobilizing funding for "other resources", will expand existing movements to place and sustain child rights issues on the public and political agenda.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood development	-	14 400	14 400
Education for inclusion	-	18 000	18 000
Adolescent citizenship	-	14 400	14 400
Special protection and monitoring	-	25 200	25 200
Cross-sectoral costs	3 705	14 295	18 000
Total	**3 705**	**86 295**	**90 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.